



## GEORGIA MEDICAID FEE-FOR-SERVICE HAE TREATMENTS PA SUMMARY

Preferred	Non-Preferred
Berinert (C1 esterase inhibitor [human]) Icatibant (generic for Firazyr) Haegarda (C1 esterase inhibitor [human]) Kalbitor (ecallantide)	Cinryze (C1 esterase inhibitor [human]) Ruconest (C1 esterase inhibitor [recombinant]) Takhzyro (lanadelumab-flyo)

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:**

- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

**PA CRITERIA:**

Cinryze

- ❖ Approvable for members 6 to 11 years of age with a diagnosis of hereditary angioedema (HAE) to prevent attacks.
- ❖ Approvable for members 12 years of age or older with a diagnosis of HAE to prevent attacks who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with Haegarda and Takhzyro.
- ❖ Approvable for members with a diagnosis of HAE for treatment of acute abdominal, facial or laryngeal attacks who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with Berinert.

Ruconest

- ❖ Approvable for members 13 years of age or older with a diagnosis of HAE for treatment of acute attacks who have experienced an inadequate response, allergy, contraindication or intolerable side effect with Berinert.

Takhzyro

- ❖ Approvable for members 12 years of age or older with a diagnosis of HAE to prevent attacks who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with Haegarda.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

### **PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.